



Overview of e-CAP Direct Service Provider Interface

1.0. Background

Both the CAP/C waiver program and CAP/DA waiver program rely on a computerized system called e-CAP to help organize and manage CAP eligibility determination activities as well as beneficiary assessments, plans of care and monitoring tasks.

A direct service provider interface for e-CAP will be implemented in March 2017 for use by CAP direct service providers. Enrollment and use of e-CAP is a requirement for direct service providers serving CAP beneficiaries. Once registered in e-CAP, your agency will be able to communicate with CAP case managers electronically and gain access to selective information on the CAP beneficiaries your agency currently serves.

This brief overview summarizes the primary features and functionality of the new e-CAP direct service provider interface.

2.0. Purpose

The new e-CAP direct service provider interface has several purposes:

- Allow for CAP case managers to send official communications to direct service providers electronically using the e-CAP system ;
- Streamline CAP waiver service authorizations and the provider claims review process based on the implementation of a prior approval transmittals to NC Tracks;
- Provide service providers on-line access to CAP beneficiary profile and plan of care information;
- Provide the capacity for direct service providers to update case managers on changes in the status of beneficiaries being served and complete critical incident reports; and,
- Allow direct service providers to use e-CAP to upload and archive required documentation.

3.0. Features and Functions

The direct service provider interface is built around four basic modules:

- Home
- Referrals
- Beneficiary
- Documentation

The features and functionality of each module are highlighted below:

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3.1. Home Module

The Home module will be used to communicate CAP program changes and updates. It will also provide service providers ready access to CAP program information and training resources. The Home module includes a variety of reports that profile the CAP beneficiary caseload and service authorizations. The Home module is also used to enter and update the agency staff information related to the use of e-CAP.

3.2. Referrals Module

Through the new direct service provider interface, CAP case managers will be able to send, electronically, various CAP notices to direct service providers including:

- Waiver service authorizations/referrals;
- Waiver service suspension notices;
- Waiver service resumption of care notices;
- Beneficiary disenrollment notices;
- Participation notices – for other Medicaid services being provided to a CAP beneficiary, such as private duty nursing, physical therapy, or equipment and supplies; and,
- Multi-disciplinary team (MDT) upcoming meeting notices.

This new functionality will replace notices sent to service providers by case management agencies using regular mail. Each notice will appear in a referrals queue. Service providers will be able to click on the notice to see the details and/or take required action.

The key feature of the Referrals module is the electronic transmittal of service authorizations. When a beneficiary plan of care is approved, e-CAP will generate electronic referrals/notices for approved waiver services. These notices will appear in a referrals queue in the new direct service provider interface of e-CAP.

Beginning February 5, 2017, all CAP waiver services will be subject to prior approval. When a CAP plan of care is approved by the case management entity, e-CAP will send a prior approval authorization directly to NCTracks with the approved amount, frequency and duration of each service for purposes of claim adjudication. If a waiver service is suspended or reinstated, e-CAP will transmit the appropriate updates to the prior approval records to NC Tracks as well. Once this new process of prior approvals is in place, service providers will no longer be required to provide claims to case management entities (CMEs) for pre-review. By implementing the direct service provider interface in conjunction with the new prior approval process, the CAP authorization process will be more streamlined.

3.3. Beneficiary Module

In the beneficiary module, service providers will be able to view selective information about each CAP beneficiary they currently serve. The beneficiary information will be accessible in two forms: 1) a summary beneficiary profile record containing enrollment, eligibility, contact and other summary profile

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data; and 2) a Beneficiary At a Glance display which summarizes the most recent beneficiary assessment information.

Service providers will also be able to access a summary of the beneficiary's most recent plan of care services including person centered goals, identified beneficiary risks, and a list of current services, equipment/supplies and providers.

Service providers will also be able to view notes/documentation of quarterly multi-disciplinary team meetings held by the case managers to review the status of CAP beneficiaries.

Beneficiary information will be read –only for service providers and will be updated throughout the year by case managers through the normal course of their case management activities.

3.4. Documentation Module

The Documentation module allows service providers to enter requests, updates and required documentation mandated by case management entities or the Division of Medical Assistance (DMA). This module assists direct service providers and case management entities move toward a paperless process for CAP program administration. Specific functionality of the Documentation module will include the following:

CAP Service Requests – Service providers will be able to enter a request for enrollment/participation in CAP for an individual beneficiary using a standardized service request form (SRF). Once the SRF is developed and submitted by a service provider, it will be reviewed by the appropriate case management entity and/or the Division of Medical Assistance (DMA) to determine if the CAP eligibility criteria are met related to level of care and/or medical complexity.

Service Discharges -- Service providers will be able to document a beneficiary discharge from a service in e-CAP. This will generate an electronic notice to the appropriate CAP case manager for follow-up.

Changes in Beneficiary Conditions - Service providers will be able to report to the appropriate CAP case manager a change of status for a CAP beneficiary based on changes in conditions or other circumstances observed.

Critical Incidents and Complaints -- In cases where there is a critical incident or a complaint related to a CAP beneficiary, service providers will be able to use e-CAP to document what occurred and what follow-up is required. This information will be accessible to the appropriate CAP case manager and DMA.

Respite Services Utilization Tracking -- Service providers that provide CAP respite care to CAP beneficiaries will be able to document, by beneficiary and month, the number of respite units provided for each beneficiary receiving respite care. Once in place, this new tracking capability will make it easier to manage the expenditure of respite units throughout the year to make sure the annual respite utilization limits are not exceeded.

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Nurse Supervision Notes -- Service providers will have the ability to enter nurse supervision notes directly into e-CAP and other nurse care documentation in e-CAP as supporting documentation. This is optional functionality; however, the request for this information is at the discretion of DMA.

Supporting Documentation -- Service providers may upload other documents that need to be reviewed by CAP case manager per request by using the supporting documents upload feature. The supporting documentation feature allows the upload of different types of supporting documentation that can be integrated into the beneficiary's electronic record in e-CAP.

Communications Log – Service providers will have a method to document contact and communication with the beneficiary or informal caregiver, case management entity, physician, and other regularly contacted parties. The Comm. Log feature allows entry of any contact, displays a history of the comm. log entries, and serves as a forum for electronic communication and follow-up between the service provider and appropriate CAP case manager.

4.0. Learn More

Once the e-CAP direct service provider interface is in place, various orientation and instructional materials will be available on-line. You can also contact e-CAP Support at 1-888-705-0970 or support@ncecap.net for assistance.